Concept Note: A WHA Resolution on Climate Change and Health

Policy Background

In 2008, the World Health Assembly (WHA) adopted resolution WHA61.19 on climate change and health[1], noting that climate change could undermine efforts to improve public health and reduce health inequalities globally. This was followed in 2015 by resolution WHA68.8 on addressing the health impact of air pollution[2], which is both exacerbated by climate change and shares fossil fuel combustion as a common driver. Climate change was additionally referred to in resolution WHA68.2 on the global technical strategy and targets for malaria 2016–2030 and WHA68.19 on the outcome of the Second International Conference on Nutrition[3]. The World Health Organization (WHO) Global Strategy on Health, Environment and Climate Change was adopted in 2019[4], and a platform of the 13th General Programme of Work (GPW13) is dedicated to the issue of climate change in Small Island Developing States (SIDS) and other vulnerable States[5]. The Convention on Biological Diversity considers health and biodiversity as a cross-cutting thematic area, with links between climate, health and biodiversity acknowledged in resolutions adopted at COP13 in 2016[6], and COP14 in 2018[7]. However, even at 1.1°C temperature rise since pre-industrial times, severe impacts of climate change are being observed in all regions, and the world is off track to deliver the Paris Agreement target of limiting warming to well below 2°C and preferably to 1.5°C. The contributions of Working Group II and Working Group III to the latest Intergovernmental Panel on Climate Change (IPCC) Sixth Assessment Report provide the latest evidence on impacts, indicating progressively worse health outcomes in the coming decades, as well health co-benefit opportunities of strategic climate action[8,9]. An updated WHA resolution on climate change and health is therefore both timely and necessary.

Climate Change and Health

Climate change has been described as the greatest health threat of the 21st century[10]. Climate-related impacts threaten both public health and healthcare infrastructure (including hospitals, clinics and supply chain infrastructure), making it a major environmental determinant of health and undermining progress towards universal health coverage (UHC). Meanwhile, action to address climate change offers a great opportunity for health, benefitting both people and the planet.

As recognised by both the WHO and the IPCC, climate change is a threat multiplier, driving heatwaves and other extreme weather events, vector- and water-borne disease transmission, food and water insecurity, negative

[1] World Health Organization, 2008. Resolution WHA61.19, Climate Change and Health. Online.
[2] World Health Organization, 2015. Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution. Online.
[3] World Health Organization, 2015. Sixty-eighth World Health Assembly Resolutions and Decisions. Online.
[4] World Health Organization, 2019. Global Strategy on Health, Environment and Climate Change. Online.
[5] World Health Organization, 2018. Thirteenth General Programme of Work, 2019-2023. Online.
[6] Convention on Biological Diversity. Biodiversity and Human Health (XIII/6). CBD, 2016. Online.
[7] Convention on Biological Diversity. Biodiversity and Human Health (14/4). CBD, 2018. Online.
[8] Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Chapter 7. Online.
[9] Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group III Contribution, Climate Change 2022: Mitigation of Climate Change. Online.
[10] World Health Organization, 2018. COP24 Special Report: Health and Climate Change. Online.

mental health impacts, and exacerbating non-communicable diseases (NCDs) including chronic respiratory disease, cardiovascular disease, neurological conditions and mental health conditions. These challenges are further compounded by climate-induced migration. Overall, climate-sensitive diseases caused 39.5 million deaths in 2019 (69.9% of total annual deaths)[11], undermining the right to health and a healthy environment, with the latter now recognised by the UN General Assembly as of July 2022[12]. Climate related health impacts can be catastrophic, resulting in severe loss and damage in social and economic terms for communities and entire countries. Populations forced to migrate by climate change also face compounded health risks. Countries with a high burden of climate sensitive disease stand to be severely impacted by progressive warming[13]. Climate change exacerbates existing health inequalities both within and between countries. Furthermore, the same unsustainable systems which accelerate climate change and encroach on nature also lead to increased risk of emergence of new zoonotic diseases.

New and growing disease threats associated with climate change place strain on under-resourced health systems and necessitate rapid adaptation in the health sector to build climate-resilient health systems to guard against climate change undermining progress towards UHC. Underlying gaps in disaster-specific adaptive capacity prevails in most countries, rendering communities to increasing risk as climate disasters escalate[14]. National adaptation plans (NAPs), nationally determined contributions (NDCs), and other party-driven work under the United Nations Framework Convention on Climate Change (UNFCCC) need to include specific focus on protecting health. At COP26, WHO and partners launched the COP26 Health Programme initiative, under which 60 governments have now committed to health systems which are both climate resilient but also low-carbon and environmentally sustainable[15]. WHO has also promoted quality criteria to develop health national adaptation plans (HNAPs)[16]. Such measures will require robust financing, including international finance for low- and middle-income countries.

Meanwhile, climate action, such as cutting use of fossil fuels, increasing walking and cycling and transitioning to plant-rich diets, not only prevents health impacts but yields far-reaching health benefits. Measures to reduce emissions in line with the Paris Agreement would prevent 1.18 million air pollution-related deaths, 5.86 million diet-related deaths, and 1.15 million deaths due to physical inactivity, across just nine countries, by 2040[17]. In particular, a just transition[18] away from fossil fuels (with no new expansion and phase-out of existing infrastructure, as per the proposed Fossil Fuel Non Proliferation Treaty[19]) and the ending of fossil fuel subsidies are public health imperatives, and are indispensable to achieve SDG3[20]. In addition, adaptation measures in non-health sectors including agriculture, water and sanitation, urban planning, and nature-based solutions can improve food and nutrition security, provide safe living environments with protection from heat and extreme weather events, and improve mental health.

Adopting a One Health[21] approach would help to bring together evidence and actions across health and health-determining sectors, and across scales of society to reflect the complex, interconnected reality of climate change and health.

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[11] Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Chapter 7, Box 7.2. Online

[12] UN General Assembly, 2022. Resolution A/76/L.75, Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms. Online.

[13] Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Box 7.2. Online.

[14] Marcus H, Hanna L, 2021. Barriers to Climate Disaster Risk Management for Public Health: Lessons from a Pilot Survey of National Public Health Representatives. Disaster Medicine and Public Health Preparedness 2022; 16(4): 1351–4

[15] World Health Organization, 2022. COP26 Health Programme. Online.

[16] World Health Organization, 2021. Quality Criteria for Health National Adaptation Plans. Online.

[17] Hamilton et al, 2021. The public health implications of the Paris Agreement: a modelling study. Lancet Planetary Health 5(2): E74-E83

[18] According to the International Labour Organization, a just transition refers to greening the economy in a way that is as fair and inclusive as possible to everyone concerned, creating decent work opportunities and leaving no one behind. A Just Transition involves maximizing the social and economic opportunities of climate action, while minimizing and carefully managing any challenges – including through effective social dialogue among all groups impacted. Online.

[19] The Fossil Fuel Non Proliferation Treaty, 2022. Online. The Treaty Principles are supported by health professionals from around the world (signed by over 200 organizations and 1400 individuals as of 12 September 2022).

[20] World Health Organization, 2020. WHO Manifesto for a Healthy Recovery from COVID-19: Prescriptions and Actionables for a Healthy and Green Recovery. Online.

[21] UN Environment Programme, Food and Agriculture Organization, World Health Organization, World Organisation for Animal Health, 2021. Joint tripartite and UNEP statement on definition of “One Health”. Online.

Potential Actions for WHO Secretariat

- Update the estimate for the current global burden of disease mortality attributable to climate change. This will aid the direction of necessary funding to address the issues at hand, and inform relevant climate change adaptation actions and funding. In addition, develop an estimate for the global burden of disease attributable specifically to fossil fuel use.
- Continue and expand the WHO and UNFCCC Health and Climate Change Country Profiles project, complemented by tools to calculate the health impacts of climate change at national level.
- Build capacity of National Focal Points and other Member State representatives to respond to the health impacts of climate change by developing specific guidance in responding to heat and other extreme weather events, and also by integrating climate change into programmatic work including but not limited to vector-borne and water-borne diseases, nutrition, sanitation, NCDs and mental health, reproductive maternal newborn child and adolescent health (RMNCAH), migration, health systems strengthening and UHC, pandemic prevention, and emergency preparedness.
- Develop guidance on cross-sectoral coordination at national level for health and climate change, including as part of a One Health approach, and complemented by lists of priority policies across sectors. Specifically, support Member States to quantify health co-benefits of mitigation in additional sectors, such as the food and agriculture sector and nutrition, including complementing the Carbon Reduction Benefits on Health (CaRBonH)[22] tool on air pollution and the health and economic assessment tool (HEAT)[23] for cycling and walking.
- Work together with other UN Agencies supporting the SDG3 Global Action Plan to develop policy recommendations promoting measures to regulate fossil fuels on health grounds comparable to those to regulate tobacco, including fiscal policies which reflect the true costs of unhealthy commodities and regulation of advertising. Provide guidance for Member States on protection of public health policies with respect to climate change from commercial and other vested interests of the fossil fuels industry, following the example of Article 5.3 of the Framework Convention of Tobacco Control, and existing guidance for WHO staff on limiting engagement with the alcohol industry[24].
- Provide technical assistance to support Member States in delivering the COP26 Health Commitments, including developing national strategies and plans for adaptation and mitigation in the health sector and in using existing tools developed by WHO including those on conducting vulnerability and adaptation assessments and developing HNAPs.
- Build on existing resources such as the online Health in UN Climate Negotiations Course[25] to support representatives of national ministries of health to engage in UNFCCC processes, including the integration of health into NDCs and NAPs and other Party-driven work under the UNFCCC, and participation of health sector representatives in COPs and Subsidiary Board meetings.
- Build capacity of Member States to secure required finance through facilitating the sharing of examples of good practice in applications for funds for health projects, including to the Green Climate Fund, the Global Environment Facility, and the Adaptation Fund.
- Work with the Quadripartite (FAO, UNEP, WOAH), WMO, UNDP, Unicef, World Bank, the Convention on Biological Diversity secretariat, the United Nations Framework Convention on Climate Change secretariat, and other appropriate organizations of the United Nations, to ensure that these health impacts and their resource implications are understood and can be taken into account in further developing national and international responses to climate change. Establish a formal concrete structure to support collaboration across these agencies, with an accompanying joint programme of

[22] World Health Organization Regional Office for Europe, 2018. Carbon Reduction Benefits on Health. Online.
[23] World Health Organization Regional Office for Europe, 2017. Health economic assessment tool (HEAT) for walking and for cycling. Online.
[24] World Health Organization, 2019. Information Note 12/2019: Principles and guidance for interaction between WHO Secretariat and the alcohol industry.
[25] World Health Organization, 2019. WHO launches Online Training on Climate and Health in the UN climate negotiations. Online.

work, building on the existing collaboration of the WHO/WMO Joint Office, and the model of the Quadripartite.

- Convene a high-level conference on Health and Climate Change, with a view to securing a UN General Assembly High Level Meeting on Health and Climate Change by 2028.
- Allocate increased financial provisions to the issue of climate and health in future budgets, and a worldwide focus on Health and Climate Change in the GPW14.

Potential Actions for Member States

- Support cross-sectoral dialogue and decision-making to maximise health co-benefits of climate action including through participation of the national health ministry and wider health sector in the development of NDCs, NAPs, and other party-driven work under the UNFCCC, and on national climate commissions, and as part of a One Health approach. Coordinate with national civil society partners working on health and climate change and with groups which experience the most severe impacts of climate change, while also recognising international and intergenerational equity issues surrounding climate change and health.
- Conduct and report on health impact assessments and quantify health co-benefits of climate policies and actions at national level.
- Work with the relevant ministries, and to regulate fiscal allocations and advertisements for fossil fuels, while seeking to protect related policymaking from industry interests and vested influence.
- Make and deliver commitments under the COP26 Health Programme to achieve climate-resilient and low carbon sustainable health systems, which are both able to ensure the delivery of care during times of crisis, while adopting emissions trajectories consistent with current and historical responsibility.
    - Undertake a vulnerability and adaptation assessment for the health sector and develop a tailored HNAP to strengthen both health infrastructure and the health workforce in the face of climate change, and specify the budget required for delivery. Strengthen the capacity of health systems for anticipating monitoring the public health impacts of climate change and building the evidence base for robust finance to enable recovery.
    - High emitting and high ambition countries[26] should mitigate climate emissions in the health sector, by carrying out a baseline assessment of greenhouse gas emissions from the health system (including supply chain) and developing a roadmap towards a sustainable low-carbon health system, achieving net zero targets in advance of 2050.
- Develop and implement climate change and health education and training as part of healthcare professional curricula.
- Promote public access to information, public awareness on climate change and health, as well as public participation.

[26] "High emitting and high ambition" is language used under Commitment 2 of the COP26 Health Programme. Countries with high emissions should urgently reduce emissions across all sectors, including the health sector. Countries which are not high emitters, but which nonetheless have high ambition to reduce emissions, may also opt to reduce emissions in the health sector.